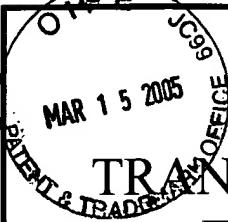


3-16-05

1646
JW

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**TRANSMITTAL
FORM**

| | |
|---------------------------|------------------|
| Application Serial Number | 09/422,999 |
| Filing Date | October 22, 1999 |
| First Named Inventor | Kawasaki |
| Group Art Unit | 1646 |
| Examiner Name | J. Murphy |
| Attorney Docket No. | MIT-103 |
| Patent No. | Not applicable |
| Issue Date | Not applicable |

ENCLOSURES (check all that apply)

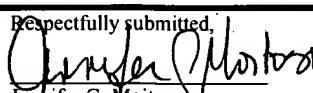
| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) |
| <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u> </u>] | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 |
| <input checked="" type="checkbox"/> Petition for Extension of Time | <input checked="" type="checkbox"/> Supplemental Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) (i) Corrected Drawings (16 pgs.) (ii) Change of Correspondence Address for application (1 pg.) (iii) Supplemental Application Data Sheet (4 pgs.) |
| <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations | <input type="checkbox"/> CD(s) for large table or computer program | <input type="checkbox"/> Amendment After Allowance |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) | |
| <input checked="" type="checkbox"/> Sequence Listing submission <input checked="" type="checkbox"/> Paper Copy/CD <input checked="" type="checkbox"/> Computer Readable Copy <input checked="" type="checkbox"/> Statement verifying identity of above | | |

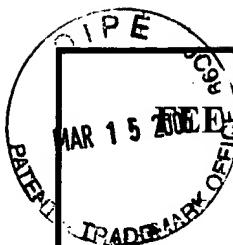
CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
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 Graham LLP
 75 State Street
 Boston, MA 02109-1808
 Tel. No.: (617) 261-3100
 Fax No.: (617) 261-3175

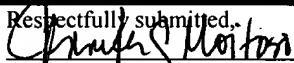
SIGNATURE BLOCK

Date: March 15, 2005
 Reg. No. 51,752
 Tel. No.: (617) 261-3285
 Fax No.: (617) 261-3175

Respectfully submitted,

 Jennifer G. Moitoso
 Attorney for the Applicants
 Kirkpatrick & Lockhart Nicholson
 Graham LLP
 75 State Street
 Boston, MA 02109-1808


**FEES TRANSMITTAL
FY 2005**

| FEES TRANSMITTAL FY 2005 | | <i>Complete if Known</i> | |
|-------------------------------------|---------|---------------------------|------------------|
| | | Application Serial Number | 09/422,999 |
| | | Filing Date | October 22, 1999 |
| | | First Named Inventor | Kawasaki |
| | | Group Art Unit | 1646 |
| | | Examiner Name | Murphy, J. |
| Attorney Docket No. | MIT-103 | | |

| METHOD OF PAYMENT | | FEES CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---------------|---|--|-----------------|-----------------|----------|--------------------|----------|-----|--------------------|-------------------------------------|-----|------------------|----|--|--|-----|-----|---------------------------|--|-------|-------------------|------------------------------------|-----|-----------------|----|--|---|-----|-----|---|--|------|-----|--|--|------|-----|---|--|------|------|--|--|-----|-----|------------------|--|-----|-----|--|--|------|-----|--------------------------|--|-----|-----|---------------------------------------|--|-----|-----|--|--|-----|-----|---|--|-----|-----|--|--|-----|-----|---|--|-----|-----|--|--|-----|-----|---|--|-----|----|-----------------------------------|--|--|--|---------------------|--|--|--|---------------------|--|
| 1. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | 3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding-bottom: 5px;">Large Entity</th> <th style="text-align: left; padding-bottom: 5px;">Small Entity</th> <th rowspan="2" style="text-align: center; vertical-align: middle; font-weight: bold;">Fee Description</th> <th rowspan="2" style="text-align: center; vertical-align: middle; font-weight: bold;">Fee Paid</th> </tr> <tr> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee (\$)</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding-bottom: 5px;">130</td> <td style="text-align: left; padding-bottom: 5px;">65</td> <td style="text-align: center; vertical-align: middle;">Surcharge - late filing fee or oath</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">50</td> <td style="text-align: left; padding-bottom: 5px;">25</td> <td style="text-align: center; vertical-align: middle;">Surcharge - late provisional filing fee or cover sheet</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">130</td> <td style="text-align: left; padding-bottom: 5px;">130</td> <td style="text-align: center; vertical-align: middle;">Non-English specification</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">2,520</td> <td style="text-align: left; padding-bottom: 5px;">2,520</td> <td style="text-align: center; vertical-align: middle;">Request for ex parte reexamination</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">120</td> <td style="text-align: left; padding-bottom: 5px;">60</td> <td style="text-align: center; vertical-align: middle;">Extension for reply within first month</td> <td style="text-align: center; vertical-align: middle; border-top: 1px solid black;">120.00</td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">450</td> <td style="text-align: left; padding-bottom: 5px;">225</td> <td style="text-align: center; vertical-align: middle;">Extension for reply within second month</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">1020</td> <td style="text-align: left; padding-bottom: 5px;">510</td> <td style="text-align: center; vertical-align: middle;">Extension for reply within third month</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">1590</td> <td style="text-align: left; padding-bottom: 5px;">795</td> <td style="text-align: center; vertical-align: middle;">Extension for reply within fourth month</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">2160</td> <td style="text-align: left; padding-bottom: 5px;">1080</td> <td style="text-align: center; vertical-align: middle;">Extension for reply within fifth month</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">500</td> <td style="text-align: left; padding-bottom: 5px;">250</td> <td style="text-align: center; vertical-align: middle;">Notice of Appeal</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">500</td> <td style="text-align: left; padding-bottom: 5px;">250</td> <td style="text-align: center; vertical-align: middle;">Filing a brief in support of an appeal</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">1000</td> <td style="text-align: left; padding-bottom: 5px;">500</td> <td style="text-align: center; vertical-align: middle;">Request for oral hearing</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">400</td> <td style="text-align: left; padding-bottom: 5px;">400</td> <td style="text-align: center; vertical-align: middle;">Petitions to the Commissioner (Gp. I)</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">200</td> <td style="text-align: left; padding-bottom: 5px;">200</td> <td style="text-align: center; vertical-align: middle;">Petitions to the Commissioner (Gp. II)</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">130</td> <td style="text-align: left; padding-bottom: 5px;">130</td> <td style="text-align: center; vertical-align: middle;">Petitions to the Commissioner (Gp. III)</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">180</td> <td style="text-align: left; padding-bottom: 5px;">180</td> <td style="text-align: center; vertical-align: middle;">Submission of Information Disclosure Statement</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">790</td> <td style="text-align: left; padding-bottom: 5px;">395</td> <td style="text-align: center; vertical-align: middle;">Filing a submission after final rejection (37 CFR 1.129(a))</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">790</td> <td style="text-align: left; padding-bottom: 5px;">395</td> <td style="text-align: center; vertical-align: middle;">For each additional invention to be examined (37 CFR 1.129(b))</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">100</td> <td style="text-align: left; padding-bottom: 5px;">100</td> <td style="text-align: center; vertical-align: middle;">Certificate of Correction for applicant's error</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">130</td> <td style="text-align: left; padding-bottom: 5px;">65</td> <td style="text-align: center; vertical-align: middle;">Submission of Terminal Disclaimer</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center; vertical-align: middle;">Other fee (Specify)</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center; vertical-align: middle;">Other fee (Specify)</td> <td style="text-align: center; vertical-align: middle;"></td> </tr> </tbody> </table> | | | Large Entity | Small Entity | Fee Description | Fee Paid | Fee (\$) | Fee (\$) | 130 | 65 | Surcharge - late filing fee or oath | | 50 | 25 | Surcharge - late provisional filing fee or cover sheet | | 130 | 130 | Non-English specification | | 2,520 | 2,520 | Request for ex parte reexamination | | 120 | 60 | Extension for reply within first month | 120.00 | 450 | 225 | Extension for reply within second month | | 1020 | 510 | Extension for reply within third month | | 1590 | 795 | Extension for reply within fourth month | | 2160 | 1080 | Extension for reply within fifth month | | 500 | 250 | Notice of Appeal | | 500 | 250 | Filing a brief in support of an appeal | | 1000 | 500 | Request for oral hearing | | 400 | 400 | Petitions to the Commissioner (Gp. I) | | 200 | 200 | Petitions to the Commissioner (Gp. II) | | 130 | 130 | Petitions to the Commissioner (Gp. III) | | 180 | 180 | Submission of Information Disclosure Statement | | 790 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | | 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | | 100 | 100 | Certificate of Correction for applicant's error | | 130 | 65 | Submission of Terminal Disclaimer | | | | Other fee (Specify) | | | | Other fee (Specify) | |
| Large Entity | Small Entity | | | | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee (\$) | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 65 | | | | Surcharge - late filing fee or oath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | 25 | | | | Surcharge - late provisional filing fee or cover sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | | | | Non-English specification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2,520 | 2,520 | Request for ex parte reexamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | 60 | Extension for reply within first month | 120.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 450 | 225 | Extension for reply within second month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1020 | 510 | Extension for reply within third month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1590 | 795 | Extension for reply within fourth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2160 | 1080 | Extension for reply within fifth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 500 | 250 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 500 | 250 | Filing a brief in support of an appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1000 | 500 | Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 400 | 400 | Petitions to the Commissioner (Gp. I) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 200 | 200 | Petitions to the Commissioner (Gp. II) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 130 | Petitions to the Commissioner (Gp. III) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 180 | 180 | Submission of Information Disclosure Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 790 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | 100 | Certificate of Correction for applicant's error | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | 65 | Submission of Terminal Disclaimer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other fee (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other fee (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-1721. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input type="checkbox"/> Overpayment Credit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. <input type="checkbox"/> Applicant claims small entity status. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEES CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. FILING/SEARCH/EXAM/SIZE FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding-bottom: 5px;">Fee (\$)</th> <th style="text-align: left; padding-bottom: 5px;">Fee Description</th> <th style="text-align: center; vertical-align: middle; padding-bottom: 5px;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td style="text-align: left; padding-bottom: 5px;">300</td> <td style="text-align: left; padding-bottom: 5px;">Utility filing fee</td> <td style="text-align: center; vertical-align: middle; padding-bottom: 5px;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">500</td> <td style="text-align: left; padding-bottom: 5px;">Utility search fee</td> <td style="text-align: center; vertical-align: middle; padding-bottom: 5px;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">200</td> <td style="text-align: left; padding-bottom: 5px;">Utility exam fee</td> <td style="text-align: center; vertical-align: middle; padding-bottom: 5px;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">250</td> <td style="text-align: left; padding-bottom: 5px;">Utility size fee (each add'l 50 pgs. over 100)</td> <td style="text-align: center; vertical-align: middle; padding-bottom: 5px;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">200</td> <td style="text-align: left; padding-bottom: 5px;">Design filing fee</td> <td style="text-align: center; vertical-align: middle; padding-bottom: 5px;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">100</td> <td style="text-align: left; padding-bottom: 5px;">Design search fee</td> <td style="text-align: center; vertical-align: middle; padding-bottom: 5px;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">130</td> <td style="text-align: left; padding-bottom: 5px;">Design exam fee</td> <td style="text-align: center; vertical-align: middle; padding-bottom: 5px;"></td> </tr> <tr> <td style="text-align: left; padding-bottom: 5px;">250</td> <td style="text-align: left; padding-bottom: 5px;">Design size fee (each add'l 50 pgs. over 100)</td> <td style="text-align: center; vertical-align: middle; padding-bottom: 5px;"></td> </tr> </tbody> </table> | | | | | Fee (\$) | Fee Description | Fee Paid | 300 | Utility filing fee | | 500 | Utility search fee | | 200 | Utility exam fee | | 250 | Utility size fee (each add'l 50 pgs. over 100) | | 200 | Design filing fee | | 100 | Design search fee | | 130 | Design exam fee | | 250 | Design size fee (each add'l 50 pgs. over 100) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 300 | Utility filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 500 | Utility search fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 200 | Utility exam fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 250 | Utility size fee (each add'l 50 pgs. over 100) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 200 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | Design search fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 130 | Design exam fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 250 | Design size fee (each add'l 50 pgs. over 100) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number Filed Number Extra Rate Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | - 20 = | x \$ 50.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | - 3 = | x \$ 200.00 = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any | | \$360.00 = TOTAL: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SMALL ENTITY DISCOUNT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | (\$) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. AMENDMENT CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claims Highest No. Present Rate Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Remaining | Previously | Extra | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| After Amend. | Paid For | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | - | = | x \$ 50.00 = | SUBTOTAL (3) (\$) 120.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. | - | = | x \$ 200.00 = | SUBTOTAL (1) (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim | | | + \$ 360.00 = | SUBTOTAL (2) (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SUBTOTAL (3) (\$) 120.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | TOTAL (\$) 120.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CORRESPONDENCE ADDRESS | | SIGNATURE BLOCK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Direct all correspondence to: Patent Administrator Kirkpatrick & Lockhart Nicholson Graham LLP 75 State Street Boston, MA 02109-1808 Tel. No.: (617) 261-3100 Fax No.: (617) 261-3175 | | Respectfully submitted,  Jennifer G. Maitoso Attorney for the Applicants Kirkpatrick & Lockhart Nicholson Graham LLP 75 State Street Boston, MA 02109-1808 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |